



*national board for certified counselors, inc.  
and affiliates*

## ARKANSAS LICENSURE EXAMINATION REGISTRATION

National Counselor Examination for Licensure and Certification (NCE)  
OR National Clinical Mental Health Counseling Examination (NCMHCE)

Last name:

First name:           MI  Soc. Sec. #:    -    -

Address:

City:                      State

Zip Code:       -       Male ☐ Female ☐

Home phone:    -    -     Business    -     -

Check One	Exam	Exam Date	Registration Deadline	Exam Location	Site ID
<input type="checkbox"/>	NCE	January 17, 2004	December 2, 2003	Conway, AR	0404
<input type="checkbox"/>	NCMHCE	January 17, 2004	December 2, 2003	Conway, AR	0404
<input type="checkbox"/>	NCE	April 24, 2004	March 8, 2004	Jonesboro, AR	0411
<input type="checkbox"/>	NCMHCE	April 24, 2004	March 8, 2004	Jonesboro, AR	0411
<input type="checkbox"/>	NCE	July 24, 2004	June 8, 2004	Conway, AR	0403
<input type="checkbox"/>	NCMHCE	July 24, 2004	June 8, 2004	Conway, AR	0403
<input type="checkbox"/>	NCE	October 23, 2004	September 7, 2004	Conway, AR	0402
<input type="checkbox"/>	NCMHCE	October 23, 2004	September 7, 2004	Conway, AR	0402

### ABOUT REGISTRATION

- The cost to register is **\$120**. This examination fee is **non-refundable/non-transferable**.
- Registration is required. Deadlines are strictly enforced.
- All exam registration materials must be received by the registration deadline (**postmarks do NOT count**).
- You will receive your admission ticket approximately two weeks prior to the exam date.
- Your admission ticket will include information regarding the date and location of the exam.

### PLEASE INCLUDE WITH YOUR MATERIALS

- Your completed registration form with signature.
- Your **\$120** examination fee (please make check or money order payable to NBCC).

### WHERE TO SEND YOUR REGISTRATION MATERIALS

**NBCC**  
**PO Box 7407**  
**Greensboro, NC 27417-0407**

**QUESTIONS ABOUT THE EXAM ADMINISTRATION?** Tel: 336-547-0607; Fax: 336-547-0017; E-mail: [nbcc@nbcc.org](mailto:nbcc@nbcc.org)

Have you previously taken the NCE or the NCMHCE with the National Board for Certified Counselors? Yes ☐ No ☐

If yes, on which date?   /   /    
Month Day Year

Have you previously taken the NCE or the NCMHCE for state licensure? Yes ☐ No ☐

If yes, on which date?   /   /    
Month Day Year

*I understand that I am taking the NCE or the NCMHCE for the purpose of fulfilling requirements for counselor licensure in Arkansas. I authorize NBCC to provide the Arkansas Board of Examiners in Counseling with examination results.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CHARGE ORDER FORM - DO NOT DETACH

Credit card type: VISA ☐ Mastercard ☐ American Express ☐

Account number:

Name on card:

Exp. date:   /

Amt. charged: \$

Signature: \_\_\_\_\_ Date: \_\_\_\_\_